

Instructions for completion — Employer's Report Of Industrial Injury Form 101

When you are notified of a work-related injury, the law requires that you report it within 10 days using an **Employer's Report of Industrial Injury—Form 101** [§A.R.S. 23-908(F)]. We recommend filing the report within 24 hours. To avoid delays that could lead to increased costs, this report should be filled out accurately and completely. The form is to be completed by the employer, not the employee. **Filling out this form does not admit liability for the alleged injury.**

A fatality must be reported by telephone within eight hours to the Arizona Division of Occupational Safety & Health (ADOSH) at 602.542.5795 and within 24 hours to SCF Arizona.

The original copy of Form 101 should be mailed to:

Industrial Commission of Arizona
P.O. Box 19070
Phoenix, AZ 85005-9070

And a copy to:

SCF Arizona
P.O. Box 33069
Phoenix, AZ 85067-3069

Reports also can be filed by using the following methods:

- Contact our Call Center at 602.631.2300 or toll free within Arizona 800.231.1363
- Download **Form 101** from the SCF website at scfaz.com and
- Fax to 602.631.2888 or toll free within Arizona at 800.356.4867
- or e-mail to scf101@scfaz.com.

INSTRUCTIONS

(If your company assigns an OSHA case number, please enter this information in the upper right hand corner of **Form 101** where indicated.)

Employee Information: Lines 1 through 7

Use the worker's name as it appears on your payroll. Be sure to fill out this section completely as the information provided is used for initial claim processing.

Employer Information: Lines 8 through 12

These items identify you to SCF Arizona and to the Industrial Commission of Arizona. To ensure proper identification, show your company name as listed on your workers' compensation policy.

Accident Information: Lines 13 through 35

These items detail the accident that caused the injury, including the date the injury occurred. Attach a separate sheet if necessary. Lines 16-18 assist in determining if the claim is a time loss claim where compensation may be due. Line 20 should list the work class code under which payroll is being reported. This assists in proper reserving. *If your company has set up a departmental coding system with SCF Arizona to separate injuries by department/location, line 22 also should be completed.*

All facts of the incident should be verified with the injured worker, supervisor and all witnesses. If you question the validity of the claim state your reasons under item 31 or attach a separate sheet of paper indicating the reason for doubting the validity of the claim. Document whether a drug and alcohol test was performed and note results if available. All of this information assists in determining the validity of an industrial injury. Lines 32 through 34 assist in determining possible third-party liability for possible cost recovery (subrogation).

Wage Information: Lines 36 through 55.

Wage information is required on all claims. Wage information is needed to establish the amount of compensation benefits and possible future permanent award benefits. The **date of hire (line 40)** assists in the determination of compensation and in the calculation of the average monthly wage. All fields should be completed in full to calculate accurately the injured worker's average monthly wage. **Do not include the wages earned for the date of injury in any of the earnings totals.**

Authorized signature line:

Only the policyholder or authorized representative should sign and date Form 101. The injured worker does not sign this form.

See form on reverse side



Visit our website at scfaz.com for additional information.

